<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-11-2010</u>	Address:	1058 Rossville Ave.
Case #:	14-39753		Frankfort, IN
County:	Clinton		
	aboratory Seizure (check one)	Seizure Location (c	heck all that apply)
	al/Glassware/Equipment (only) te (only)	☐ Outbuilding ☐ Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): main area			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: under hallway sink			
Corrosive Base:			
Other (item and location):			
~~~	40.11	T 4' 4'	
Yes No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrin	e <b>Information</b> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Frankfort Fire Dept.	Fax: 765-654-4739	
Health Department: Clinton County  Fax: 765-659-63 Fax: N/A		<u> </u>	
Child Prote	ction Service: <u>N/A</u>	***************************************	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>T.J. Zeiser</u> Phone <u>765-473-6666</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.